



INDIRA GANDHI GOVT. DENTAL COLLEGE, JAMMU

OFFICE OF THE PRINCIPAL & DEAN

Address:- Rehari Chungi, Jammu, Jammu & Kashmir, 180005

Prof. (Dr.) Parveen Akhter Lone
BDS, MDS (Oral & Maxillofacial Surgery), FICD
Principal & Dean



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Ph. No: 0191-2953827

Documents to be produced at the college at the time of admission

List of documents required for MDS Admission-2025

- Candidates who have been allotted seat for admission to MDS course in Indira Gandhi Govt. Dental College & Hospital, Jammu through the online counseling conducted by MCC shall report to the Academic Section, Indira Gandhi Govt. Dental College, Jammu within the stipulated time as mentioned on the allotment letter generated on MCC website. **Candidate who fails to report within the stipulated time shall not be considered for provisional admission.**
- At the time of reporting to the College the candidate must produce Allotment letter issued by MCC / JKBOPEE along with the following documents (mentioned in Table 1 here under) as applicable to his/her category in **Original and Three sets of photocopies** for the process of verification and ascertainment of the eligibility. **If the candidate fails to produce any of the following document his/her admission shall stand cancelled.**
- Candidates who have deposited their original documents with any other Institute / College / University and come for admission with a certificate stating that "their original certificates are deposited with the Institute /College / University" **shall not be allowed to take admission in allotted Dental College.**
- If there is any discrepancy in spelling in documents candidate must carry proof that the documents belong to same person in form of an affidavit/undertaking.
- All original documents of the candidate will be retained by the university till the counselling process is over. These may be released before the completion of counseling process only if the candidate is upgraded during further rounds of counseling or the candidate resigns from the admitted seat.

S. No.	Checklist of Documents to be submitted for MDS Admission-2025
1.	Filled Indira Gandhi Govt. Dental College & Hospital, Jammu MDS Admission Form - (Annexure-I)
2.	MCC/JKBOPEE seat allotment Order- Original
3.	Admit Card NEET MDS 2025 issued by NBE & NEET Score Card.- Copy
4.	Date of Birth Proof certificate (10 th Diploma/ Marks Card) - Original
5.	All Marks cards of university examination passed (I-IV BDS Course) - Original
6.	Completion of rotating internship from a DCI recognized college- Original
7.	BDS Pass/Degree certificate issued by the University- Original
8.	Renewal/Registration certificate by any State Dental Council/DCI- Original
9.	Attempt certificate issued by the University/College - Original
10.	Transfer Certificate - Original
11.	Migration Certificate (Non-Jammu University students only) - Original
12.	Proof of SC/ST/Category I/OBC (in case of category) - Original
13.	Service Certificate in case of In-Service candidate - Copy
14.	Pan Card - Copy of Self / Parent / Guardian
15.	Affidavit - Online Anti Ragging bond by student & parent as per DCI Norms. www.antiragging.in or www.amanmovement.org
16.	Proof of the Identity (Aadhar Card) - Copy
17.	Affidavit as enclosed (duly attested by the Judicial 1 st Class Magistrate) - (Annexure-II)
18.	Medical Fitness Certificate - (Annexure-III)
19.	Character Certificate
20.	Latest pass port size photographs (05 copy) & Stamp Size (05 copy)
21.	For UT of J&K Candidates Domicile Certificate- Original
22.	Fees ₹. 25,000/- (INR Twenty Five Thousand only) in the shape of Demand Draft in favour of Principal, Indira Gandhi Govt. Dental College, Jammu. (Only J&K Bank)
23.	Certificate regarding the recognition of Previous Dental College by the Dental Council of India

Three sets of Xerox copies of all original documents along with the **Originals** .

NOTE: FOR ANY INFORMATION REGARDING MDS ADMISSION CONTACT WITH ACADEMIC SECTION: 9906173958, 7006080501.



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DD No. _____ dated: __/__/2025

MDS ADMISSION FORM (TO BE FILLED IN BLOCK LETTERS)

Insert
Passport
size Picture
Here

Academic year :2025

Subject of _____

S. No.	Particulars				
I	Candidate details				
	Name :		Age:	Gender:	
	Date of Birth:		Nationality:		
	State Belonging to:		Mother Tongue:	Blood Group:	
	Aadhaar No:		PAN No:		
	Contact Details	Mobile No:		WhatsApp No:	
		E-mail Id:			
	State Dental Council Registration No:			UT /State:	
	Address	Present Address		Permanent Address	
II	Admission Details				
	Whether In Service: Yes/No _____				
	Details of NEET				
	NEET Roll No:		All India Rank:	Marks:	Percentile
	JKBOPEE Rank :				
	Notification No: Dated:		Selection Category : ()		
	Selection Through: (MCC / JKBOPEE) :		Date of Admission:		
	Anti Ragging Undertaking Reference No:				

AFFIDAVIT

I, _____ S/D/o _____ R/o _____ who had appeared in the NEET PG (MDS) Examination, 2025 under Roll No. _____ with All India Rank _____ and UT Rank _____, do hereby solemnly affirm and declare as under:

1. I have been selected by the J&K BOPEE/ MCC for admission in the MDS 2025 in discipline _____ vide Notification No. _____ Dated _____ and I am conscious of the rules and regulations governing the selection of candidates for such admissions. I am also conscious that I shall be responsible for the consequences, if this information submitted by me at any stage proves to be false, concealed or incorrect, including cancellation of my admission and the action as may be taken by the BOPEE /MCC in accordance with rules & regulations.
2. I further solemnly affirm that:
 - (I) I am not pursuing MDS course in any college/institution of the UT of J&K nor am I pursuing the same outside the UT of J&K in any college/institution. Further I have not taken admission in any college/institution of the UT of J&K during last three years and have not resigned or left the course midway.
 - (II) I am pursuing PG course outside the UT of J&K and have obtained NOC from the concerned university/institution for pursuing of PG course in the UT of J&K and rules of the said institution do not debar me from pursuing the PG.
3. I am aware of SRO 48 of 2018 that I am not entitled to undergo any other PG course during the period I am admitted to the institution for undergoing the present course and am also aware of the conditions in the information brochure published by the JKBOPEE / MCC about the consequences of leaving the course midway/resigning after cut-off date notified by the JKBOPEE/ MCC and the other consequences as may follow.
4. I have completed rotatory internship for one year by or before 30.06.2025 and in case I have not done so I am conscious that I shall not be eligible for admission for the seat during 2025.
5. I am registered with DCI /J&KDC/SDC under Registration No. _____ and;
6. I also undertake that I shall abide by the Rules, Regulations and guidelines fixed by DCI in this regard.
7. I have not taken admission in any institute/college during the session 2025.
8. That I will not indulge in any kind of anti-social activities/strike/unlawful activity during the period of my tenure engagement of PG and will also abide by terms and conditions and maintain the decorum and discipline of the college.
9. That I will follow all the Rules & Regulations of Indira Gandhi Government Dental College, Jammu.

I affirm and declare on oath that the above information is true and correct to the best of my knowledge and belief and I shall be personally responsible in case of any misrepresentation, false information etc. on my behalf is proved to have been submitted by me at any time and the consequences that may follow whatsoever including forfeiture of any claim to PG course without any further notice to me.

DATE:

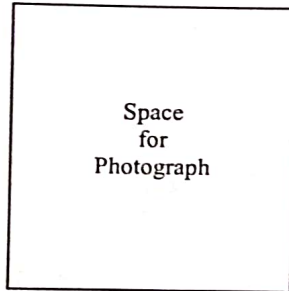
DEPONENT

Annexure-III

Medical Fitness Certificate

(To be signed by a registered medical practitioner holding a Medical Degree)

(TO BE SUBMITTED AT THE TIME OF ADMISSION)



I certify that I have carefully examined Mr./Ms.* _____
Son/daughter of Shri _____ whose
signature is given below. Based on the examination, I certify that he/she is in good mental and
physical health and is free from any physical defects which may interfere with his/her studies
including the active outdoor duties required of a professional.

Marks of Identification _____

Signature of the Candidate _____

Place:

Date:

Name & signature of the Medical Officer
with seal and registration number

* Strike whichever is not applicable.